2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N03000001002

Entity Name: O.S.I.A. AMICI D'ITALIA, LODGE NO. 2791, INC.

Current Principal Place of Business:

2285 DUMFRIES CIR E
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

2285 DUMFRIES CIR E
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 22-3877841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIAROTTI, EDWARD
3929 ARBOR LAKE DR W
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	RENNINGER, ALBA	
Address:	3358 SHAWNA OAKS DR	
City-St-Zip:	JACKSONVILLE, FL 32227	
Title:	PD	( ) Delete
Name:	GREGORIO, MARK	
Address:	2285 DUMFRIES CIR E	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	SD	( ) Delete
Name:	BOVE, GABRIEL M	
Address:	10443 ROLLING BROOK CT	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	TD	( ) Delete
Name:	INNAMORATO, JEAN L	
Address:	1166 FROMAGE CIRCLE W	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	SANTARE, ROBERT	
Address:	5210 RIVERTON RD	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	D	( ) Delete
Name:	CHIAROTTI, EDWARD	
Address:	3929 ARBOR LAKE DR #4	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL M. BOVE SD 01/14/2009

Electronic Signature of Signing Officer or Director — Date